

# Healthy Incentives<sup>SM</sup>

## Exception Request Form



**King County**

Benefits, Payroll and  
Retirement Operations

Complete and return this form to Benefits, Payroll and Retirement Operations, Attn: Manager, The Chinook Building CNK-ES-0240, 401 Fifth Ave., Seattle, WA 98104-2333.

Employee \_\_\_\_\_ Birth date \_\_\_\_\_

Mailing address \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Daytime phone \_\_\_\_\_ Evening phone \_\_\_\_\_

Health Incentives<sup>SM</sup> ID \_\_\_\_\_

Date exception requested \_\_\_\_\_

Who is the exception for, and what is that person's relationship to you, the employee (self/spouse/domestic partner)?

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Reason for exception \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach additional information, if necessary.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

### For Office Use Only

Exception approved by (print name) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Exception entered into PeopleSoft by (print name) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

	Date received	Received by	Exception approved Yes <input type="checkbox"/> No <input type="checkbox"/>	Date effective
--	---------------	-------------	--	----------------